

## Foster Family Home - Corrective Action Report

Provider ID: 1-150010

Home Name: Venus Balinbin, CNA

Review ID: 1-150010-5

94-1034 Paiwa Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/22/2019

### Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/22/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/22/19.


6.(d)(1) - see applicable sections of the review

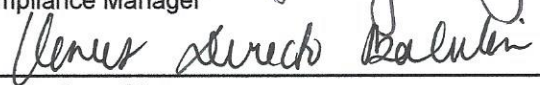
### Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Current CPR for CG #1, CG #3, and CG #4 renewed on 9/28/18. Expired on 8/5/18.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Venus D Balmbin

CCFFH Address: 94-1074 Paiwa Place Waiapahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I showed CTA Current CPR Certificates for CG # 1, CG # 3 and CG # 4 on the day on my Recertification	5/22/19	I have placed the expiration dates for CPR for all CG's on my desk Calendar. I will look at it every month

Primary Caregiver's Signature: Venus Direct Balmbin

Print Name: VENUS DBALMBIN

Date of Signature: 5/22/19